

EMERGENCY MEDICAL RELEASE

(Please Note: This must be notarized.)

I hereby authorize the Lutheran Child Care Center, 1701 Ring Road East, Elizabethtown, Kentucky, to have my child, _____, transported by EMS or other emergency vehicle to Hardin Memorial Hospital of Elizabethtown, Kentucky, for necessary emergency medical treatment. I understand that every effort will be made to contact me or those I have indicated for emergency release.

I further authorize Hardin Memorial Hospital to render necessary emergency medical treatment for my child, _____.

Date

Parent or Legal Guardian

Subscribed and sworn to before me this _____ day of _____. My commission expires _____.

Notary Public

INFORMATION

Child's Physician _____ Phone _____

List any medical problems _____

List any allergies _____

Date of last tetanus shot _____

Insurance Coverage:

Insurance Company _____

Policy Number _____

Subscriber's Name _____